

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH**  
**Countywide QIC Meeting Minutes**

Type of Meeting	Children's Countywide ~ Quality Improvement Committee	Date	August 9, 2012
Place	Superior Court ~ 600 S. Commonwealth ~ 2nd Fl ~ Los Angeles, CA 90005	Start Time	10:00 a.m.
Chairperson	Lisha Singleton, LMFT ~ Chair Lisa Harvey, LMFT ~ Co-Chair Michelle Chiappone, LMFT ~ Co-Chair	Adjournment	12:00 p.m.
Members Present	Erica Lara, Adrine Bazikyan, Alex Media, Alexa Rhyan, Aimee Samuels, Anahid Assatourian, Arease Wheeler, Audra Langley, Charlotte Bautista, Cindy Coons, Gassia Ekizian, Genevieve Morgan, Jayne Milstein, Jen Chellew', Julio Cisneros, Kim Farnham, Laura Villa, Lisa Probst, Lisha Singleton, Lorna Pham, Lorraine Romero, Marisol Lara, Michele Munde, Michelle Chiappone, , Mike Ford, Monika Johnson, Noemi Villalobos, Osazuwa Omede, Paul McIver, Paula Randle, Rebecca de Keyser, Sarah Meyerowitz, Susan Edelstein, Susan Zendejas', Theodore Cannady, Todd Oday, Zoe Trachtenberg.		
Absent Members	N/A		
Agenda Item & Presenter	Findings and Discussion	Decisions and Recommendations	Person Responsible/Due Date
Call to Order & Introduction	The meeting was called to order at 10:00 am.	Introductions were made.	Lisha Singleton Chair
Review of Minutes – February 2, 2012	The minutes were reviewed and approved.	May 9, 2012 - Cancelled	QIC Membership



Countywide QIC Meeting  
Page 2

Agenda Item and Presenter	Findings and Discussion	Decisions and Recommendations	Person Responsible/ Due Date
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<p><b>Announcements</b></p>		<p><b>Michelle Chippone</b> Co-Chair</p>
<p><b>AB3632 Update</b></p>	<p>1) Reminders to Providers:</p> <ul style="list-style-type: none"> <li>▪ Submit Monthly Change of Provider request to patient's rights.</li> <li>▪ Review and print RMD Bulletins for QIC binder.</li> <li>▪ Conduct monthly sanction screening of employees. For additional information refer to LACDMH Updated Policy Number 112.05</li> </ul> <p>1) LACDMH stopped providing AB3632 services effective June 29, 2012.</p> <p>2) School Districts began responsibility for 100% of service delivery effective July 1, 2012.</p> <ul style="list-style-type: none"> <li>▪ During the summer schools are not available to address student needs.</li> <li>▪ Some clients may not be enrolled in school or returning to the same district.</li> <li>▪ One consequence of school districts handling AB3632 is that school districts define "needs" more narrowly. Detentions to juvenile system or child welfare placements as clients are not diverted from higher levels of care.</li> </ul>	<p><b>Paul McIver,</b> District Chief</p>

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<b>AB3632 (Continued)</b>	<p>2) LACDMH is currently being audited for SP90 claims in FY 2006-2007 thru FY 2009-2010.</p> <ul style="list-style-type: none"> <li>▪ A selected number of charts will be selected for review.</li> <li>▪ Claims made for reimbursement will be reviewed to ensure legitimate services.</li> </ul> <p>3) Memorandum of Understanding between LACDMH and school districts from February 2011 – June 2011 are in the final stages of reconciliation.</p> <ul style="list-style-type: none"> <li>▪ School districts will be looking to verify that the services provided were legitimate.</li> <li>▪ If school districts paid more then the cost of providing the service then districts and LACDMH will resolve over payment.</li> <li>▪ The goal is for there to be no over/under payment.</li> </ul> <p>4) All LACDMH staff from AB3632 unit have been reassigned in LACDMH.</p>		<p><b>Paul McIver</b></p>



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<p><b>AB3632 (Continued)</b></p>	<p>5) Federal law has not changed for AB3632 although State has deleted it.</p> <ul style="list-style-type: none"> <li>▪ Federal statute does not mention psychotherapy.</li> <li>▪ School districts will claim no responsibility for problems not effecting education directly.</li> </ul> <p>6) School Districts or SELPA's have been contacting service Providers to use existing DMH contracts to serve IEP clients.</p> <ul style="list-style-type: none"> <li>▪ This is incorrect; School Districts and Community Providers need to have a contract to utilize LACDMH services.</li> <li>▪ They may also:               <ul style="list-style-type: none"> <li>• Ask for some services</li> <li>• Ask for lower rates</li> <li>• Negotiate services although they would need to look different than LACDMH services provided.</li> </ul> </li> <li>▪ Word of caution: If auditors find out that the same services are being provided at a lower rate, it could become problematic.</li> <li>▪ Federal government will want to pay lower rates as well.</li> </ul>		<p><b>Paul McIver</b></p>

Agenda Item and Presenter	Findings and Discussion	Decisions and Recommendations	Person Responsible/ Due Date
<b>AB3632 (Continued)</b>	<ul style="list-style-type: none"> <li>▪ Services at a lower rate must be different in:               <ul style="list-style-type: none"> <li>• Staffing</li> <li>• Charting</li> <li>• Services, etc.</li> </ul> </li> <li>7) Proceed with caution if asked to provide services and the only difference is the rate.</li> <li>8) AB3632 transition will continue for weeks and months to come.</li> </ul>		<b>Paul McIver</b>



Agenda Item and Presenter	Findings and Discussion	Decisions and Recommendations	Person Responsible/ Due Date
<b>IMD Programs</b>	<ol style="list-style-type: none"> <li>1) Institute of Mental Disease has a new program.</li> <li>2) Similar to a half way house for adolescents who are not ready to go home from hospitalization.</li> <li>3) Locked placement and there are no outings.</li> <li>4) Program is only for non-probation, non-DCFS youth.</li> <li>5) Referrals go through the Inter-Agency Placement Screening Committee.</li> <li>6) Parents' participation is MANDATORY! (Refer to Handout)</li> </ol>		<b>Dr. Yoko Sugihara</b> <b>Program Head</b>

Countywide QIC Meeting  
Page 7

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<b>Update: EPSDT PIP</b>	<ul style="list-style-type: none"> <li>▪ Reminder – Mandated by state for 3 years.</li> <li>▪ Cognos Report – Tracks high utilizers of EPSTD.</li> <li>▪ Several changes have occurred with the EPSDT PIP within LACDMH. These changes have affected the updates.</li> </ul>		<b>Yoko Sugihara</b>
<b>Handouts</b>	<ul style="list-style-type: none"> <li>▪ Harbor View Adolescent Center IMD Screening –to-Admission Process</li> </ul>		
<b>Next Meeting</b>	<p>Thursday: November 8, 2012 10:00am-12:00pm 600 S. Commonwealth Ave. 2<sup>nd</sup> Fl Conf Rm. #113 LA, CA, 90005</p>		

Respectfully Submitted,



Lisha Singleton, LMFT  
Children's Countywide QIC – Chair



# **Harbor View Adolescent Center IMD Screening-to-Admission Process**

## **Introduction:**

The Harbor View Adolescent Center, IMD Program is a semi-acute residential program designed to serve 27 severely emotionally disturbed adolescents of both sexes in a secure setting. Harbor View's located at 409 W. 14th Street, Long Beach, California.

The program is designed to provide comprehensive interdisciplinary assessments, evaluation, and treatment planning in a secure setting to achieve the stabilization of the adolescent's acute behaviors and symptoms before the adolescent "steps down" to a less restrictive treatment setting or returns home. The length of treatment is ninety (90) days. In order to achieve the mutually developed goals of treatment, parental participation is MANDATORY.

Regency High School is the on-site, non-public school that provides special education schooling for the adolescents during their treatment at Harbor View.

## **Target Population:**

12 – 17½ years old

Males and Female

Los Angeles County Medi-Cal Beneficiaries

See the Adolescent IMD Pre-Screening Tool for detailed requirements

## **Criteria Population:**

1. Severely Emotionally Disturbed:
  - a. Substantial functional impairment in at least two areas of functioning;
  - b. Risk of removal from home;
  - c. Diagnosis/disorder present more than 6 months or likely to continue for more than one year without treatment;
  - d. Displays one or more symptoms (risk of suicide, risk of violence, psychosis, etc.) which meet special education requirements.
2. History of hospitalizations in the past 6 months and/or multiple Field Response Outreach (FRO) use.
3. Risk of re-hospitalization within the next 2 months.

## **Screening-to-Admission Process:**

1. Complete an Adolescent IMD Pre-Screening Tool (**Attachment A**).
2. Using a completed Fax Cover Sheet (**Attachment B**), fax the completed Adolescent IMD Pre-Screening Tool and Admission Screening Package (refer to **Attachment C** for required information) to the attention of Harbor View Adolescent Center's IMD Admissions/Discharge Coordinator, Fax 562.591.0235 / Phone 562.591.8701.235.
3. The Harbor View Adolescent Center's Interdisciplinary Admission Screening Team reviews the packet and contacts the referring contact person, treating professional (therapist, social worker, etc.), and/or parent for questions or further information if needed.
4. The LADMH IMD liaison, in coordination with Harbor View, reviews the packet and approves/denies the admission.
5. Harbor View notifies the parent(s) of the approval status and, for approved admissions, Harbor View arranges the client's admission to Harbor View with the parents.

## **Questions:**

For any questions regarding the Harbor View Adolescent Center IMD Screening-to-Admission Process, please contact Harbor View's IMD Admission/Discharge Coordinator @ 562.591.8701.



# HARBOR VIEW ADOLESCENT CENTER ADOLESCENT IMD PRE-SCREENING TOOL

**Worker Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If any of the answers to these questions fall into a shaded cell, the adolescent does not meet the criteria for Adolescent IMD Placement. Please refer the client to different level of care.**

**If you have any questions, regarding completion of this Adolescent IMD Pre-Screening Tool or would like clarification regarding any of the questions, please contact Harbor View's IMD Admission/Discharge Coordinator @ 562.591.8701.**

QUESTIONS	YES	NO
Is the adolescent/client between 12 years and 17 years, 6 months old?		
Is the adolescent/client in the 7th grade or above?		
Does the adolescent/client have a severe emotional disturbance?		
Does the adolescent/client have Los Angeles County Medi-Cal?		
Does the adolescent/client have an ability to control bowel or bladder functioning during waking hours?		
Does the adolescent/client possess sufficient intellectual capacity to be able to communicate in English and understand rules and expectations (approximate IQ of 70+)?		
Is the adolescent/client ambulatory?		
Does the adolescent/client require specialized medical care beyond medical conditions that can be cared for by licensed nursing personnel under the direction of a general practitioner?		
Does the adolescent/client have a substance abuse disorder or conduct disorder as their primary diagnosis?		
Is the adolescent/client currently affiliated with and active in a gang?		

# HARBOR VIEW ADOLESCENT CENTER

## IMD ADMISSION SCREENING PACKET

### FAX COVER SHEET

<b>X</b>	Intended recipient's fax number verified.
<b>X</b>	Cover sheet includes 1) sender's name, 2) sender's phone number, 3) sender's fax number, 4) intended recipient's name, 5) intended recipient's verified fax number, & 6) number of pages being transmitted.
<b>X</b>	Sender's fax machine placed in an area inaccessible to unauthorized staff and visitors and can be closely monitored.

**FAX DATE:** \_\_\_\_\_ **PAGES FAXED:** \_\_\_\_\_

**TO:** Admissions/Discharge Coordinator  
 Harbor View Adolescent Center  
 490 W 14th Street, Long Beach, CA 90813  
 Phone 562.591.8701 Fax 562.591.0235

<b>FROM:</b>	Name:	
	Title:	
	Agency/Department:	
	Address:	
	Phone:	Fax:
	Other Phone:	Email:

#### Contact/Screening Information

Client Name		Sex	Date of Birth	Ethnicity
Social Security Number	Medi-Cal Number		IS Number	
Parent(s) Name(s)				
Address				
Home Phone	Mobile Phone	Other Phone	Fax Number	
Current Treating Agency Name				
Contact Person/Title (therapist, social worker, etc.)				
Address				
Work Phone w/Extension	Other Phone	Fax Number	Email	

**Comments:**

All information contained in this facsimile (fax) transmission is intended solely for use of the recipient(s) named above and may be privileged, confidential, and/or proprietary. If you are not the intended recipient, please do not read, distribute, or reproduce this transmission. You are advised that unauthorized use of this information by any unintended recipient may be unlawful and could subject the user to civil damages and other penalties. If you have received this fax transmission in error, please phone or fax the sender immediately, then shred or otherwise destroy the misdirected information. Thank you.



# **Harbor View Adolescent Center Institution of Mental Diseases (IMD) Admission Screening Package**

**In order to promote a prompt review by Harbor View Adolescent Center's Interdisciplinary Admission Screening Team in coordination with the Los Angeles Department of Mental Health, please provide the below documentation as available and applicable.**

**If you have any questions, regarding the faxing/submission of the Admission Screening Package documents, please contact Harbor View's IMD Admission/Discharge Coordinator @ 562.591.8701.**

- ☐ Face Sheet
- ☐ Conservatorship Papers, Letters, and Orders
- ☐ Clinical Assessments with 5 Axis Diagnosis within the Past Year
- ☐ Admission and Discharge Documents from Recent Psychiatric Hospitalizations
- ☐ Current Physician's Orders
- ☐ Recent Laboratory Tests, X-Rays, and other Diagnostics [last 3 months]
- ☐ Current and Recent Medication Administration Records/Logs with Medications [last 3 months]
- ☐ Psychiatric Evaluations and Assessments
- ☐ Psychological Assessments and Histories
- ☐ Psychosocial Assessments and Histories
- ☐ Medical History and Physicals
- ☐ Recent Placement Reports and/or Discharge Summaries [last 3 months]
- ☐ Recent Interdisciplinary (nursing, social services, psychiatric, psychological, medical, etc.) Progress Notes [last 3 months]
- ☐ Current School Records, Reports, Individual Education Plans (IEP – If youth is deemed eligible for Special Educational Services), and School Psycho-Educational Assessment Report.
- ☐ Recent Assessment and Annual Case Summary Records from Regional Center (if the youth is a client of Regional Center) [last 3 months]
- ☐ Immunization Records
- ☐ Other relevant health and psychiatric related information